

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSPORT, IN 46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/16/12</p> <p>Facility Number: 012036 Provider Number: 155774 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is located on the third floor of a three story building determined to be of Type II (222) construction and fully sprinklered, except for the ETO closet. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>has a capacity of 21 and had a census of 12 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 closets in the Medical</p> <p>Records room on northeast hall was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect any resident as well as visitors or staff using the east stairwell exit which is adjacent to the unsprinklered closet.</p> <p>Findings include:</p> <p>Based on observation on 05/16/12 at 2:17 p.m. with the Maintenance Supervisor, the ETO closet in the Medical Records office was not provided with a sprinkler head. Based on interview on 05/16/12 at 2:18 p.m. with the Maintenance Supervisor, it was acknowledged there</p>	K0056	<p>K 056</p> <p>No residents were affected by this deficiency; no residents were harmed by this deficiency. No negative outcomes were noted because of this deficient practice.</p> <p>A work order ID: 3382 was initiated by the Maintenance Supervisor for the installation of a sprinkler head in the ETO closet (Attachment A).</p> <p>Administrator will audit work order daily (Monday-Friday) using the Life Safety Review until work order is complete (Attachment B).</p> <p>The installation of this sprinkler head will be completed by 6/15/12.</p>	06/15/2012			

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	<p>was no sprinkler head present in the ETO closet to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(b)</p>						

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K0062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 2 residents in the adjacent lounge as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/16/12 at 1:45 p.m. with the Director of Plant Operations, a section of a one and one half inch diameter sprinkler pipe was used to support two low voltage electrical wires above the ceiling next to the entrance hall smoke barrier wall. Based on interview on 05/16/12 at 1:48 p.m. with the Director of Plant Operations, it was acknowledged the aforementioned sprinkler pipe next to the entrance hall smoke barrier wall was used to support two low voltage wires.</p>	K0062	<p>K 062</p> <p>No residents were affected by this deficiency; no residents were harmed by this deficiency. No negative outcomes were noted because of this deficient practice.</p> <p>A work order ID: 3383 was initiated by the Maintenance Supervisor for the removal of two wires that are attached to the sprinkler pipe above the ceiling next to the entrance hall smoke barrier. Maintenance will check all sprinkler pipes in the facility to ensure they are free from wires being attached. (Attachment C).</p> <p>Administrator will audit work order daily (Monday-Friday) using the Life Safety Review (Attachment B) until work order is complete.</p> <p>The removal of the two wires from the sprinkler pipe above the ceiling next to the entrance hall will be completed by 6/15/12.</p>	06/15/2012			

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	3.1-19(b)						